United States Environmental Protection Agency Washington, DC 20460

⊕EPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only		and Recovery Act).			
		The state of the state of			
C	mments				
С					
Installation's EPA ID Number	Date Receive	d 113			
CITATION AND WILL VI TVA C	Approved (yr. mo.	dey)			
F LADO 1988 OF 49	88051	2 Linn			
PRODUCT DESIGN	+ FARRE	ATTOLI			
II. Installation Mailing Address	I IIIIORE C				
	r P.O. Box				
GOT38 GH STREET	SWIII				
City or Town					
CEDAR RAPIDS		State ZIP Code			
III. Location of Installation					
Street or R	oute Number				
5 3 cma and					
City or Town		State ZIP Code			
6		State ZIP Code			
IV. Installation Contact					
Name and Title (last, first, and job title)		Number (essential)			
2 JANEY IRV	319	3 (o 5 4 (o 1 9			
V. Ownership	The second second				
A. Name of Installation's Legal Owner		B. Type of Ownership (enter code)			
RSAME		D			
VI. Type of Regulated Waste Activity (Mark 'X' in the app	ropriate boxes. Refer to instru	ctions			
A. HEZETOUS WESTS ACTIVITY	B. Used Oil Fo				
1a. Generator 1b. Less then 1,000 kg/mo.	6. Off-Specification Use				
2. Transporter	(enter 'X" and mark a	12 5 15 11 5 11 5 5 11 5 5 11 5 5 11 5 5 11 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5			
3. Treater/Storer/Disposer 4. Underground Injection	a. Generator Ma				
5. Market or Burn Hazardous Waste Fuel	☐ b. Other Market	R00027543			
(enter 'X' and mark appropriate boxes below)	C. Burner	RCRA Records Center			
a. Generator Marketing to Burner	7. Specification Used Oil Fuel Mi	orketes (or On site Rusper)			
b. Other Marketer	Who First Claims the Oil Meet	s the Specification			
VII. Waste Fuel Burning: Type of Combustion Device (enterwhich hazardous waste fuel or off-specification used oil fuel is burned. Se	"X" in all appropriate bexes to indicate	type of combustion device(s) in			
A. Utility Boiler B. Industrial	Boiles	istion devices.)			
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)					
□ A. Air □ B. Rail □ C. Highway □ D. Water □ E. Other (specify)					
X. First or Subsequent Notification					
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.					
Training in the space provided below.					
A. First Notification B. Subsequent Notification (complete item	C, installa	tion's EPA ID Number			

		L		— For Official L	Jse Only
			C W	-	T/A C
X. Description of Hazardou	us Wastes (contin				1 1 1
A. Hazardous Wastes from Nonse	secific Sources Fore	the four digit au	Therefore 40 050 D	261 31 for each li	etad barasdava
		se additional shee	ts if necessary.		ated nazaroous waste
	2	3	4	5	6
F003 F0	05				
7	8	9	10	11	
					12
B. Hazardous Wastes from Specific sources your installation	ic Sources. Enter the n handles. Use additio	four-digit number	from 40 CFR Part 261.	32 for each listed	hazardous waste from
13	14	15	16		
				17	18
19	20	21	22	23	24
25	26	27	28		
		T		29	30
C. Commercial Chemical Product your installation handles which n	Hazardous Wastes. E nav be a hazardous wi	nter the four-digit	number from 40 CFR P	art 261.33 for eac	ch chemical substance
31	32	33	34	- × 2	
				35	36
37	38	39	40	41	42
43	44	45	46	47	
		TI			48
 Listed Infectious Wastes. Enter t pitals, or medical and research lai 	the four-digit number to boratories your installable.	from 40 <i>CFR</i> Part	261.34 for each hazard	ous waste from h	ospitals, veterinary hos-
	50	51	52		
		- 		53	54
Characteristics of Nonlisted Haze your installation handles. (See 40)	ardous Wastes, Mark CFR <i>Parts 261,21</i> — 2	'X' in the boxes c	orresponding to the cha	racteristics of no	nlisted hazardous wastes
	791				
1. Ignitable (0001)	2. Corr.	72)	3. Reactive (D003)		4. Toxic (D000)
II. Certification					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in					
will die					
obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
anature					
holen	10	0			Data Signed
		Tres	i bent.		3-28-88

PA Form 8700-12-(Rev.-11-86) Reverse

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